File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

Reset Form



7007 2680 0002 3782 9708 IA ETHICS AND Des Moines, Iowa 50319 FOR INSTRUCTIONS, SEE BACK OF FORM 2008 JUL 21 PM 1:10 Fax: 515-281-4073 **DISCLOSURE SUMMARY PAGE** COMMITTEE NAME (Must be same as on Statement of Organization) **FORM** DR-2 IMPORTANT: Indicate by # type of committee you are reporting for: [DISCLOSURE (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (Rev. 07/2007) REPORT 4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use On 11) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Candidate Name Political Party (if applicable) Scanned Computer Office Sought District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a 712 324 2694 SIGNATURE OF PERSON FILING REPORT 2002 I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # 1 ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 1808.02 of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 3383,02 SUB-TOTAL....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$

YES

____ NO

CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CONSULTANT BREAKDOWN (Schedule G Attached?)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

For Instructions, See Back of Form

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	_	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
(IVIIVUDD/TR)	NUMBER		(if applicable)	}	RAISER INCOME
	ID#	Ken Fertig			INCOME
1/0/10	CK#	101 N 18th Ave	 	\$	
6/3/08		sheldon, IA 51201	NA	50.00	
	ID#	Sheldon, IA 51201 Ryan & Jeanine Dovsman			
6/3	CK#	1111 1012 94	11		
4/7		Sheldon IA 51201	N/A	50,00	
,	ID#	mike Ahlers			
6/3	CK#	918 6th St	NA		
43	ID#	Shelden Pa 51201	NIA	25.00	-
•	1U# 	Eleanor Grover			
6/3	CK#	2407 2 3rd St	7, 5	2.1	
0/ -	ID#	Sheldon IA G1201		25.00	
/		Edgar De Vries	u		
6/3	CK#	1210 Kahler Ct. Sheldon DA 51201		50.00	
	ID#			70,00	
6/3	044	Larry Boldwan (66) Pleasant Ct	116		
6/3	CK#	Sheldon Da 51201		50,00	L
	ID#	Delores Fink		2011	
6/12	CK#	1102 4th St NE	ر ا		
4/16		Sibley TA 51249		30.00	<u> </u>
	ID#	Beth Hickman			
6/12	CK#	2401 2 3 rd 4.	h ^		
7/10	15."	The (don, Drs 51201		25.00	<u> </u>
6/13	ID#	Can l Ake son			
4/15	CK#	406 Harrington Are	N (*	25,00	
·	ID#	Anher ## 5/231		27100	
1/10	IU#	John Woodall			
6/13	CK#	3934 vine Are	(s. Et	10.00	
		Hartley In 51346		10100	
		•	SUB-TOTAL	e 340.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

CHECK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be	e same as on Statemer	nt of Organization)
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6/13/08	ID# CK#	Maxine Enold+ Box 391 Paullina IA 51044	NIA	\$ 25,00	
6/13	ID# CK#	Rich Vanle Hoaf 1027 6th St. NE Sibley In 51249 Daryl Haack	u 4	25.00	
0/14	CK#	5985 390 TA 51245	ч /#	50.00	
6/14	CK#	Tom Whorley 934 3nd Ard Sheldon IA 51201	Li ti	100.00	
6/14	CK#	Woody Grabenbaner 1510 PM St. Sheldon DA SROI	u ć	35,00	
6/14	CK#	Harlan Vander Griend 1341 Kahler Ct. 5heldon In 51201	11 (1	250.00	
6/16	CK#	Emily Waund 6010 320 +24+ Santon For 51248	u (1	50,00	
6/16	CK#	John VanlerHaag 40 8 Sunvise Ave Sanborn Bor 51248	v u	100.00	
6/19	ID# CK#	Don McDonell 4800 Mortensen LD Ames FA 50014	u P	25.00	
6/25	ID# 623 7 CK#	ABATE 3118 Zastem Ave NE Cedar Rapids TA 52402	[] A	300.00	
		•	SUB-TOTAL	- 9/11 10	

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Page 2 of 3 (for Schedule A)

TOTAL (if last page of this schedule)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Chambers for TA Honce	_	CK THIS BOX IF NDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	NUMBER ID#				INCOME
		Gary Three		•	
6/25/08	CK#	505 94657 Shellow IN 51201	NA	100,00	
	ID#	mildred Chambers			
7/5/08	СК#	110 Summerget Fortage V. Fra 50846	mother	100,00	
	ID#	Nova 1460 a sour	7.00	, ,,,,	
6/25/08 7/5/08 7/5	СК#	Gary Ihner 505 9465t 566m ID 51201 Millred Chambers 110 Summerset Fontanelle ID 50846 Doug Weaver 4866 Taft Are Entherland IA 51058 Bob Oldenkamp 5332 320 465t Sankorn IA 51248	N/A mother N/A N/A	50,00	
	ID#	DI Alla K	7 7	70.00	
7/7	СК#	5332 320 + 51 6332 320 + 51	NIA	25.00	
1	ID#	300.00	•		
	CK#		1		
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	СК#				
<u></u>			SUB-TOTAL	275	

TOTAL (if last page of this schedule)

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SCHEDULE

Reset Form

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTE	F NAMF (Must be:	same as on Statement of Organization)		
CK	lambers of	or I own House		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/16/08	ID# CK#	us lost office	Postage	\$ 84.00
	ID#	Shellon IA 5/201		- /-
5/31/08		Shellon DA 5/201 US Post Office Sheldon IA 5/201	Postage Postage	8400
	ID#			
	CK#		1	
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 168.00
			TOTAL (if last page of this schedule)	\$ 1680

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		of	

168.00